

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-040434

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 134

AMENDED

FILED DEC 11 1961

DATE AMENDED

INSTEAD OF

ITEM NO.

1/3/62

Charles Archie Hopkins

James Archibald Hopkins

3

DOCUMENT

BY AFFIDAVIT OF Informant

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY		Length of stay in 1b 4 Month	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION J.O.O.F. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7301 TASEO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Archibald Last HOPKINS CHARLES ARCHIE HOPKINS			4. DATE OF DEATH Month DEC Day 7 Year 1961		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MARCH 21 1885	9. AGE (last birthday) 76 YR	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BUYER		10b. KIND OF BUSINESS OR INDUSTRY MONTGOMERY WARD		11. BIRTHPLACE (City and state or country) SALEN NEW YORK	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES A. HOPKINS		13b. MOTHER'S MAIDEN NAME MARY ALLEN		14. NAME OF HUSBAND OR WIFE ANNA HOPKINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT JAMES R. HOPKINS Address 7301 FLORA K.C.MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 1 YR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 61 to _____ and last saw him alive on Dec 7 61 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wm J. Caplan MD (Degree or title)			22b. ADDRESS Liberty Mo		22c. DATE SIGNED 12-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/9/61	23c. NAME OF CEMETERY OR CREMATORY MT Meriah		23d. LOCATION (City, town, or county) (State) Kansas City Mo	
24. FUNERAL DIRECTOR D.W. Newcomer & Sons K.C. Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 12-8-61		26. REGISTRAR'S SIGNATURE Maibelle Graham	

1961 11 30 05:01

DEC 27 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John M. Kalsbeek

Licensed Embalmer No.

4949

P. O. Address

North Laurel City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.